

# BUSINESS LICENSE COMPLAINT FORM

Mail to: Chesterfield County License Inspector  
P. O. Office Box 1  
Chesterfield, Virginia 23832-0124

Phone: 804 748-1229  
Fax: 804 796-9695

Hours of Operation: 8:30 a.m. to 5:00 p.m. EST  
Monday – Friday  
E-Mail: [wilkinsonbr@co.chesterfield.va.us](mailto:wilkinsonbr@co.chesterfield.va.us)



## COMPLAINT ISSUED BY:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Location where complaint occurred: \_\_\_\_\_

Complaint filed against: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Occupation or profession of the business or individual against whom this complaint is filed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_